

\*Please sign if the account holder is not the NASB customer's.

## AUTOMATIC DRAFT AUTHORIZATION AGREEMENT

Complete and return Automatic Draft Authorization Agreement. Please continue to make your payments by other means until you are notified in writing of that date.

Mail To: NASB Attn: Loan Customer Service, 903 E. 104th St. Suite 400, Kansas Citv. MO 64131

Online: Login to online banking and send a secure message OR Fax to Attn: Loan Customer Service at (816) 316-4508. Loan Number Customer Name(s) Phone Numbers: Home: Cell/Work: Name on the Bank Acct \_\_ Name of your Bank\_\_\_\_\_ Bank Phone Number \_\_\_\_\_ ABA or Routing Number \_\_\_\_\_ Account Number: Checking Savings **Draft Information** Beginning Date for Payment to Draft (Month/Year) □ Additional Principal Amount: \_\_\_\_\_
□ Debit my payment on the \_\_\_\_\_ of the month (1-15<sup>th</sup>). ☐ Debit half my payment on the 1<sup>st</sup> AND 15<sup>th</sup> of the month. Automatic draft agreement: By signing below, I am authorizing NASB to debit my checking or savings account for my monthly loan payment. I understand that the amount debited monthly will include any changes in the monthly payment resulting from a change in the escrow (taxes/insurance) and/or the principal and interest payment for an adjustable rate loan. I understand that payments due on a weekend or holiday will be debited on the next business day. NASB reserves the right to revoke this authorization in the event of a Stop Payment on a Draft without prior notification: preparation of a payoff quote; account closed without prior notification, and/or two or more insufficient drafts in one year. If my loan becomes delinquent, I understand that the automatic payment may not occur, and I will be responsible for any late charges or penalties. I understand that NASB requires at least 5 business days prior written notice in order to cancel or change this authorization. Notification must be mailed to NASB at the address shown above or emailed to servicing@nasb.com Signature of Customer \_\_\_\_\_ Date \_\_\_\_\_ \*Required NASB customer must sign. Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_